| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  |  |   |                |                                |                      |                                     |    |                   |                        |       | Jei                 |                        |
|---|--|---|----------------|--------------------------------|----------------------|-------------------------------------|----|-------------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                |                                |                      |                                     |    |                   | ENTITY                 | OR    | OTHER               |                        |
| TO  | TAL CLAIMS                                     |   | 2              | 1                              |                      |                                     | :  | RATE              | FEE                    |       | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED   |                                | NUMBER EXTRA         |                                     |    | BASIC F           | EE 385.00              | OR    | BASIC FEE           | 750                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 ( miņus 20=  |                                | • }                  |                                     |    | X\$ 9=            |                        | OR    | X\$18=              | 18                     |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =    |                                | • •                  |                                     |    | X43=              |                        | OR    | X86=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR                             | RESENT         |                                |                      |                                     |    | +145=             |                        | OR    | +290=               |                        |
| .* If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                |                                |                      |                                     |    | TOTAL             | <del></del>            | OR    | TOTAL               | 768                    |
| CLAIMS AS AMENDED - PART II   |  |   |                |                                |                      |                                     |    |                   |                        | OTHER |                     |                        |
| (Column 1) (Column 2) (Column 2)  |  |   |                |                                |                      | (Column 3)                          |    | SMAL              | L ENTITY               | OR    | SMALL               |                        |
| AMENDMENT A   | 1/26/05  | REMAINING NUM                             |                | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA                    |    | RATE              | ADDI-<br>TIONAI<br>FEE | -     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 21                                      | Minus          | ** 2                           | ۷(                   | =                                   |    | X\$ 9=            |                        | OR    | X\$18=              | ·                      |
|   | Independent                                    | . 2                                       | Minus          | ***                            | 3                    |                                     |    | X43=              |                        | OR    | X86=                |                        |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                |                      |                                     | 1  | +145=             |                        | OR    | +290=               |                        |
|   |  |   |                |                                |                      |                                     |    | TOT/              |                        | -     | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                                |                      |                                     |    |                   |                        |       | ADDIT. PEC          |                        |
| AMENDMENT B   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVK<br>PAID   | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA                    | 10 | RATE              | ADDI-<br>TIONAI<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus          | **                             |                      | =                                   |    | X\$ 9=            |                        | ÖR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus          | ent                            |                      | <u> -</u>                           |    | X43=              |                        | OR    | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |                                |                      |                                     |    | +145=             |                        | OR    | +290=               |                        |
|   |  |   |                |                                |                      |                                     |    | TOT/<br>ADDIT. FE |                        | OR    | ADDIT. FEE          |                        |
|   |  | (Column 1)                                |                | (Colu                          |                      | (Column 3)                          | 4. |                   |                        | _     |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVII<br>PAID  | BER<br>OUSLY         | PRESENT<br>EXTRA                    |    | RATE              | ADDI-<br>TIONAI<br>FEE | -     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus          | **                             |                      | = .                                 |    | X\$ 9=            |                        | OR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus          | ***                            |                      | 2                                   | ┨┃ | X43=              |                        | OR    | X86=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                |                      |                                     |    | +145=             |                        | OR    | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                |                                |                      |                                     |    |                   |                        |       | TOTAL               |                        |
| **  | If the "Highest Nu                             | mber Previously Pa                        | aid For IN THI | S SPACE                        | is less th           | an 20, enter "20<br>an 3, enter "3" |    | ADDIT. FE         | E                      | _J·   | ADDIT. FEE          | L                      |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |                                |                      |                                     |    |                   |                        |       |                     |                        |